



**GEORGIA MEDICAID FEE-FOR-SERVICE  
TYROSINE KINASE INHIBITORS FOR MEDULLARY THYROID CANCER PA  
SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
Cometriq (cabozantinib)	Caprelsa (vandetanib)

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

*For Caprelsa*

- ❖ Approvable for members with a diagnosis of symptomatic or progressive medullary thyroid cancer that is unresectable locally advanced or metastatic.
- ❖ Prescriber and pharmacy must be enrolled in the Caprelsa REMS program.

*For Cometriq*

- ❖ Approvable for members with a diagnosis of symptomatic or progressive medullary thyroid cancer that is unresectable locally advanced or metastatic.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827.**

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.